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Bib Data Sheet

CONFIRMATION NO. 6020

SERIAL NUMBER 10/066,096	FILING DATE 01/31/2002 RULE	CLASS 706	GROUP ART UNIT 2129	ATTORNEY DOCKET NO. 100083881
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APPLICANTS

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**** CONTINUING DATA ******* *None*

**** FOREIGN APPLICATIONS ******* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
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ADDRESS
 HEWLETT-PACKARD COMPANY
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TITLE
 Method and system for measuring the quality of a hierarchy

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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